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ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No.

Registration No.

1. Place of Death: (a) County Yuma (b) City or Town Yuma (c) Location Rural 9th Active Valley
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution Home ; In Community 14 yrs ; In Arizona 14 yrs
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona ; (b) County Yuma ; (c) City or Town Yuma, Rural
(If outside city limits also write RURAL)
(d) Street No. Ninth Street off of Avenue B ; (e) If foreign born in U. S. A. yes
(b) If veteran no (c) Social Security No. none
(If NONE write the word)

3. (a) FULL NAME Johnny Grant Osborne
4. Sex Male 5. Color or Race White 6. (a) Single, married, widowed or divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife, if alive. 14 yrs.

7. Birthdate of deceased January 20 1927
(Month) (Day) (Year)
8. AGE: Years 14 Months 11 Days 5 If less than one day hrs. min.
9. Birthplace Yuma, Arizona
(City, town or county) (State or Country)

10. Usual Occupation School boy
11. Industry or Business School

12. Name Ellis D. Osborne
13. Birthplace Nashville, Tenn.
(City, town or county) (State or Country)

14. Maiden Name Josie E. Etier
15. Birthplace Weathorford, Texas
(City, town or county) (State or Country)

16. (a) Informant's own signature J. T. Osborne
(b) Address R#1 Yuma, Arizona

17. (a) Burial, Cremation or Removal Burial
(b) Place Desert Lawn Mem. Park (c) Date 12-29-41

18. (a) Embalmer's Signature Lee Johnson
(b) Funeral Director Lee Johnson mortuary
(c) Address Yuma, Arizona

19. (a) December 31, 1941
(Date received from Registrar)
(b) Mary A. Thupferman
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Dec. 26, 1941
TIME (Hour and minute) 9:15 P M.

21. I hereby certify that I attended the deceased from Sept 4, 1940 to Dec 26, 1941
that I last saw him alive on Dec 26, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Decompensated heart

Due to Rheumatic Endocarditis

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? (City or Town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? _____ Means of injury _____

23. Signature P. A. Eaton M. D.

Address Yuma, Ariz. Date signed Dec 28, 41

DURATION

PHYSICIAN

Underline the cause to which death should be charged statistically.